FOR INSTRUCTIONS, SEE BACK OF FORM

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all ZU | JAN | 9 statements and reports filed by all committees for state office must be filed electronically. Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically. COMMITTEE NAME (Must be same as on Statement of Organization) arrism Committee to Elect Walter Utman Harrison C. Supervisor IMPORTANT: Indicate by # type of committee you are reporting for: [5]
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party DR-2 DISCLOSURE (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC ((Rev. 1*2/*2009) REPORT or Office Use Only Comm. # CANDIDATE COMMITTEES ONLY: Candidate Name Political Party (if applicable) Scanned S \mathbf{u} <u>tman</u> Computer Office Sought District (if Senate or House) Audited zupervi sor Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 712-592-0075 cel 1-18-11 SIGNATURE OF PERSON FILING REPORT REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by# / SICHECK IF AMENDMENT TO REPORT DATED 7-19-10 Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) County & Local Committees, enter County in which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)........... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES ___ NO CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Walter Utman Narrison Co.
Supervisor

SCHEDULE A (Rev. 07/03)	MONETARY RECEPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: FA CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAG CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 10 NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE SCARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$150 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PACED NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	V FFOR
RECEIVED	(if amplicable)	PARE AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE	RECEIVED	FUND
(MM/DD/YR)	AND PÅC CHECK NUMBER		(If applicable)		RAISER INCOME
11-3-2010	ID#	George Kraus 8, At. 215	Friend	\$ 125.00	,
11-3-2010	cks cash	2000-02nd Avanue, Apt. 215 Septite, W.A. 28121-1228	•	النظام	L
	ID#	Middle Book	Dogwest	1 3	
12-13-10	CK#	Midstates Bank 103 Maple St Mondamin IA	Account	20	
	ID#	Mondamin IA			
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	ID#				
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			SUB-TOTAL	\$125.2	2
		TOTAL (if last page)	of this achedule)		
				•	l

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consunguintly (blood relatives) and affinity (relatives by maniage). If surname of contributor is the same as candidate, but there is no familial relationship, order 'not applicable' in the relationship column.

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FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B

(Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLLIMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

(Ibm mittee to Elect Walter Let man Larrison Co Supervisor

CANDIDATE NAME AND ADDRESS TO WHOM PURP

DATE ID NUMBER EXPENDITURE (DESCRIBE TR

EXPENDED (If applicable) (Disbursement) WAS MADE

DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
EXPENDED (MM/DD/YR		(Disbursement) WAS MADE		
	CHECK NUMBER			į
11-9-10	CK# /0/3	US Bank Chedit Card For Mo. Je Lay Time Naws 501 E Erie Mo. Walley TR 5/355	naverious	\$341.88
7-2-10	ID# CK# / 004	Us Bank (Creater Card) Designa Sign 2402 Ferman 2402 Ferman 2502 Ferman 2502 Ferman	Magnetic Sign	942.80
7-2-10	,,,,,	US Bank Chedit Cord Sans Club 3221 Menawa Dr Council Bent 3 6150	Parade Candy purchased from Samo Club	#112.48
7-23+	CK# 100 7	US Bank (Credit Cord) Mid west Sports 1751 Madison Auc Co. Bluffs IA 51543	Tee shirts for Advertising	\$66.34
	ID# CK#			
	ID#			İ
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SUB-TOTAL
TOTAL (if last page of this schedule)

\$563,50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lower Code 68A-402(3)(1).)

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Page	4	,	of .	<i>I.</i> _	

FOR INSTRU	ICTIONS, SEE BACK OF FORM				
Comm	ee NAME (Must be same as on Statement of Organi NITTEE to Elect Welker Utman	tetion) Larrison Co	Supervisor	SCHEDULE E (Rev. 08/97)	IN-KIND CONTRIBUTIONS
				CHECK AMEND	THIS BOX IF DING FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR
10/18/10	Harrison Co Republican	* (if applicable)	CONTRIBUTION	VALUE	FUND-RAISER CONTRIBUTION
10/18/10	Harrison Co Republican To Donna Barry, Treas, Women all N 15+ AVE Logan IA 51546		Payment for election Ads	21810	
			SUB-TOTAL	\$	
				•	
			TOTAL (if last page of this schedule)	57860	

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consarguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page . (for Schedule E)